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MEMORANDUM

TO: Legislative Oversight Committee Members
Local CFAC Chairs
NC Council of Community Programs
County Managers
State Facility Directors
LME Board Chairs
Advocacy Organizations
MH/DD/SAS Stakeholder Organizations

Commission for MH/DD/SAS
State CFAC
NC Assoc. of County Commissioners
County Board Chairs
LME Directors
DHHS Division Directors
Provider Organizations
NC Assoc. of County DSS Directors

FROM: Tara Larson 
Michael S. Lancaster, M.D. 

SUBJECT: CAP-MR/DD Update

DHHS is very pleased to announce the approval of the Supports waiver and the Comprehensive waiver, by the Centers for Medicaid and Medicare Services. DHHS received official notification of the approval of the waivers on 10-27-08. We are on schedule to implement the new waivers effective 11-1-08, as we have been planning. We'd like to express our appreciation to everyone who has participated in the development and the implementation of the new waivers.

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) has provided multiple statewide trainings over the past month regarding the specific components and operational details of the two new waivers (the Supports waiver and the Comprehensive waiver). Some operational details have been revised as we move closer to implementation. DMH/DD/SAS recognizes that such change creates potential confusion; however, revisions have been necessary to assure operational details accurately reflect the intent and components of the new waivers. The presentation is posted on the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) website, www.ncdhhs.gov/mhddsas/cap-mrdd/index.htm.

The DMH/DD/SAS has conducted weekly phone calls with the Local Management Entities (LMEs) in an effort to provide current and accurate information, to support their role and responsibility to provide information and to respond to questions from participants, families, providers and other interested community members. The

DMH/DD/SAS will continue to have regular communication with the LME(s) to provide updated information for distribution to participants, families and providers.

The following information is the most current and accurate information available regarding the operational details of the two new waivers. The DHHS will use future Implementation Updates to provide additional information.

Home Supports: There continues to be confusion regarding the new Home Supports definition. Home Supports is a service that will be delivered by biological parents, adoptive parents, or step-parents that live in the same home as the participant. Home Supports is a blended service that combines habilitation (skill building and maintenance) and personal care. Home Supports can be provided by the biological parents, adoptive parents, or step-parents that live in the same home as the adult participant. The service will have **five** levels of reimbursement, depending upon the needs of the participant and will be paid at a daily rate.

Participants whose biological parents, adoptive parents, or step-parents that live with them and elect to provide services may also receive services from other caregivers; the family does not have to provide 100% of the service. On the same day the participant receives Home Supports, they may also receive any of the following services:

- Supported Employment,
- Day Supports,
- Long Term Vocational Supports,
- Adult Day Health,
- Individualized Day Program (Community component of Home and Community Support); or
- A variety of other habilitation services that are not delivered in the home.

Since the service will be paid at a daily rate, biological parents, adoptive parents, or step-parents providing Home Supports and living with the adult participant will be responsible for providing all of the personal care and habilitation services the participant needs in the home. A participant may receive Home Supports from their biological parents, adoptive parents, or step-parents one day and other services (Home and Community Supports and/or Personal Care) from another provider the next day. The appropriate combination of services will be determined by the participant and their biological parents, adoptive parents, or step-parents, working with their case manager, in developing the Person Centered Plan/Plan of Care. In addition, the participant may also receive respite services in order to provide the biological parents, adoptive parents, or step-parents relief from caregiver duties.

Family members who do not live in the same home with the participant will continue to be able to deliver any service for which they meet the staff qualifications. Family members who do not live in the home with the participant will not be able to deliver Home Supports.

There are multiple documents provided as additional guidance and information, on the DMH/DD/SAS website, www.ncdhhs.gov/mhddsas/cap-mrdd/index.htm, these documents include: the *Utilization Guidelines*; *Service Definition Crosswalk*, and; the *Service Grid for Home Supports and Similar Services*.

Utilization Guidelines: The *Utilization Guidelines* document is intended to be used in conjunction with other participant specific information to make decisions regarding service and support needs of the participant. The Utilization Review process includes participant specific information contained in the Person Centered Plan/Plan of Care, the NC-SNAP, completed evaluations and/or specific services and supports requested in the Person Centered Plan/Plan of Care.

A Minimum of One Service Required Each Month: Participants must receive at least 1(one) direct service each month to be maintained on the CAP-MR/DD waivers. Direct service does **not** include case management, equipment or supplies. CAP-MR/DD eligible participants are determined to require ICF-MR Level of Care. This level of care indicates that a participant requires intensive services and supports to remain in the community. Case managers and Local Management Entities are required to monitor adherence to this requirement.

Habilitation Maximums:

- Adults may receive up to 12 hours of Habilitation per day. This includes the habilitation portion of Home Supports and Residential Supports.
- **Habilitation for Children:**
 - On days that school is in session:**
 - No CAP-MR/DD Service may be utilized in school.
 - Any participant enrolled in public school or between 5-15 years of age can receive no more than 6 hours of habilitation a day when school is in operation, according to the calendar published by the Local Education Authority (LEA).
 - If the IEP indicates that the time the participant is in school is less than the standard school session each day, only CAP-MR/DD non-habilitative services such as Personal Care Services or the Personal Care component of Residential Supports may be used for the remainder of the school day session.
 - Children may receive 3 hours of CAP-MR/DD habilitative services and an additional 3 hours of CAP-MR/DD habilitative services may be approved, if clearly justified.
 - No CAP-MR/DD Habilitation Services may be utilized during the time that school is typically in session.
 - On days that school is not in session:**
 - Children may receive 9 hours of CAP-MR/DD habilitation during a non-school day. An additional 3 hours of CAP-MR/DD habilitation, may be approved, if clearly justified.

Children who are home schooled follow the same guidelines as children who are in public school.

Transition Requirements for New and Modified CAP-MR/DD Services: This serves to provide additional information to supplement the information contained in Implementation Update #49, regarding transition requirements and processes for existing providers to be eligible to provide the new service definition, Home Supports.

1. **Existing** providers of Residential Support, **OR** Home and Community Support, **OR** Personal Care services, who intend to provide Home Supports.
 - The provider sends the signed ***CAP-MR/DD Letter of Attestation***, and the completed DMA Addendum Application to DMA, Provider Services.

AND

- The provider sends the original signed ***CAP-MR/DD Letter of Attestation*** to the LME located in the catchment area where the provider's corporate office is located, and a copy to all LME(s) with whom there is a signed MOA.

The LME located in the catchment area where the provider's corporate office is located, is required to complete a monitoring review (**using the Home Supports Endorsement Checksheet and Instructions**), of these providers within **60 days** of the implementation of the waivers or provider delivery of the service, to ensure compliance to the requirements of the Home Supports definition.

2. **Existing** providers of CAP-MR/DD services, other than Residential Support, Home and Community Supports, and Personal Care Services, who currently employ parents, family members and/or guardians who provide paid support to their adult child CAP-MR/DD participant.
 - The provider sends the signed ***CAP-MR/DD Letter of Attestation II (attached)*** and the completed DMA Addendum Application to DMA, Provider Services.

AND

- The provider sends the original signed ***CAP-MR/DD Letter of Attestation II*** to the LME located in the catchment area where the provider's corporate office is located, and a copy to all LME(s) with whom there is a signed MOA.

The LME located in the catchment area where the provider's corporate office is located, is required to complete a monitoring review (**using the Home Supports Endorsement Checksheet and**

Instructions) of these providers *within 30 days* of the implementation of the waivers or provider delivery of the service, to ensure compliance to the requirements of the Home Supports definition

3. Existing providers, who intend to continue to provide, any of the modified service definitions, (Adult Day Health, Crisis Services, Day Supports, Home and Community Supports, Personal Care, Residential Supports, Respite, Supported Employment) are required to;

- Send the original signed **CAP-MR/DD Letter of Attestation** to the LME located in the catchment area where the provider's corporate office is located,
- and send a copy to all LME(s) with whom there is a signed MOA.

The LME(s) are required to complete a monitoring review of these providers within **60 days** of the implementation of the waivers or provider delivery of the service, to ensure compliance to the new requirements.

This information is also contained in the attached document titled, ***Transition Requirements for New and Modified CAP-MR/DD Services.***

New providers of all CAP-MR/DD services are required to complete endorsement and enrollment per the DHHS *Policy and Procedures for Endorsement of Providers of Medicaid Reimbursable MH/DD/SA Services.*

Staff training/qualifications: All the CAP-MR/DD service definitions contain specific staff training/core competencies and staff qualification requirements. The Core Competencies are posted on the DMH-DD-SAS website, www.ncdhhs.gov/mhddsas/cap-mrdd/index.htm. All staff providing CAP-MR-DD services are required to have training specific to the Core Competencies effective November 1, 2008 and prior to delivery of services. All staff are required to have First Aid and CPR training/certification effective November 1, 2008 and prior to delivery of services. All staff are required to have a High School Diploma or GED. Existing staff have up to 18 months to secure a High School Diploma or GED. Any staff hired November 1, 2008 forward, are required to have a High School Diploma or GED at hire and prior to delivery of services.

Staff Qualifications: The CAP-MR/DD service definitions contain the following requirement; "Paraprofessionals providing this service must be supervised by a Qualified Professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 and according to licensure or certification requirements of the appropriate discipline." This means that Associate Professionals may no longer supervise paraprofessionals. Paraprofessionals and Associate Professionals must be supervised by Qualified professionals. This requirement is effective November 1, 2008.

Home Support, Level V

The DHHS has made a decision to provide an additional level of support to the Home Support definition. The Home Support definition now has 5 levels; Level I, Level II, Level III, Level IV and Level V. The Level V is intended to support participants who require in excess of 12 ½ hours per day of direct service. Direct service is considered Personal Care services, Home and Community Support or a combination of both Personal Care and Home and Community Support services.

In an effort to ensure all participants currently receiving 12 ½ hours of direct service continue to receive this level of service, the DHHS is working with the LME(s) to secure participant specific information from case management agencies. This information will be provided to Value Options with specific participant information. A spreadsheet has been provided to the LME(s) that includes the specific information needed for participants who require the Home Supports Level V;

- **Participant name,**
- **Participant MID number,**
- **Hours/Cost of Home & Community Supports**
- **Hours/Cost of Personal Care**
- **Parent/guardian name and phone number,**
- **Case manager name and phone number.**

The LME(s) are charged with collecting and providing the above noted information to DHHS by 10-29-08.

Plan of Care Revisions and CNR(s) to add New services:

Due to the time frame required for endorsement and enrollment for the new CAP-MR/DD services , case managers completing CNR (s) and revisions should ensure that the implementation date for the new services project out at least 90 days on the cost summary. This will allow providers adequate time to secure endorsement and to enroll with DMA, provide a smooth transition between services as well as assure participants do not lose services currently being provided. If a participant's Plan Of Care has already been submitted to Value Options, with an authorization request for LTVS to be effective 11-1-08 we will develop a process to amend the POC to allow continued access for supported employment to continue, as appropriate, during this transition period.

New Manuals for the Supports waiver and the Comprehensive Waiver:

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services and the Division of Medical Assistance are working to develop the new manuals for the Supports waiver and the Comprehensive Waiver. This information will be released December 15, 2008.

If you have any further questions, please contact rose.burnette@ncmail.net or catharine.goldsmith@ncmail.net.

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